

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
Nov 09 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0448
Date: 11-13-15
Amount Paid: \$270
Refund: 11-13-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER								
Owner's Name: Mark & Pam Van Kampen	Mailing Address: 1351 Valley View Dr Eau Claire WI	Telephone: 54701						
Address of Property: 23155 Missionary Pt Ct Cable, WI	City/State/Zip: Cable WI 54821	Cell Phone: 715-577-3267						
Contractor: Haan Enterprises	Contractor Phone: 715-794-2685	Plumber: Regmussen Plumbing						
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: 715-794-2685	Agent Mailing Address (include City/State/Zip):						
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 834-2-43-06-02-200-222-3265						
1/4, 1/4	Gov't Lot	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Missionary Pt		
Section 2, Township 43 N, Range 6 W	Town of: Haan		Lot Size: 69	Acreage				
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 90,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Specified Type: <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 38	Width: 30	Height: 25'-0"
Proposed Construction:	Length: 38	Width: 30	Height: 25'-0"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2 nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)		() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) Garage Living		(38 x 30)	1140 sq ft
<input type="checkbox"/> Accessory Building (specify)		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) 12x12 deck		() X ()	144
<input type="checkbox"/> Rec'd for Issuance			10x10 covered porch
NOV 13 2015	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mark & Pam Van Kampen
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Scott Haan 23055 Missionary Pt Ct Cable WI 54821

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

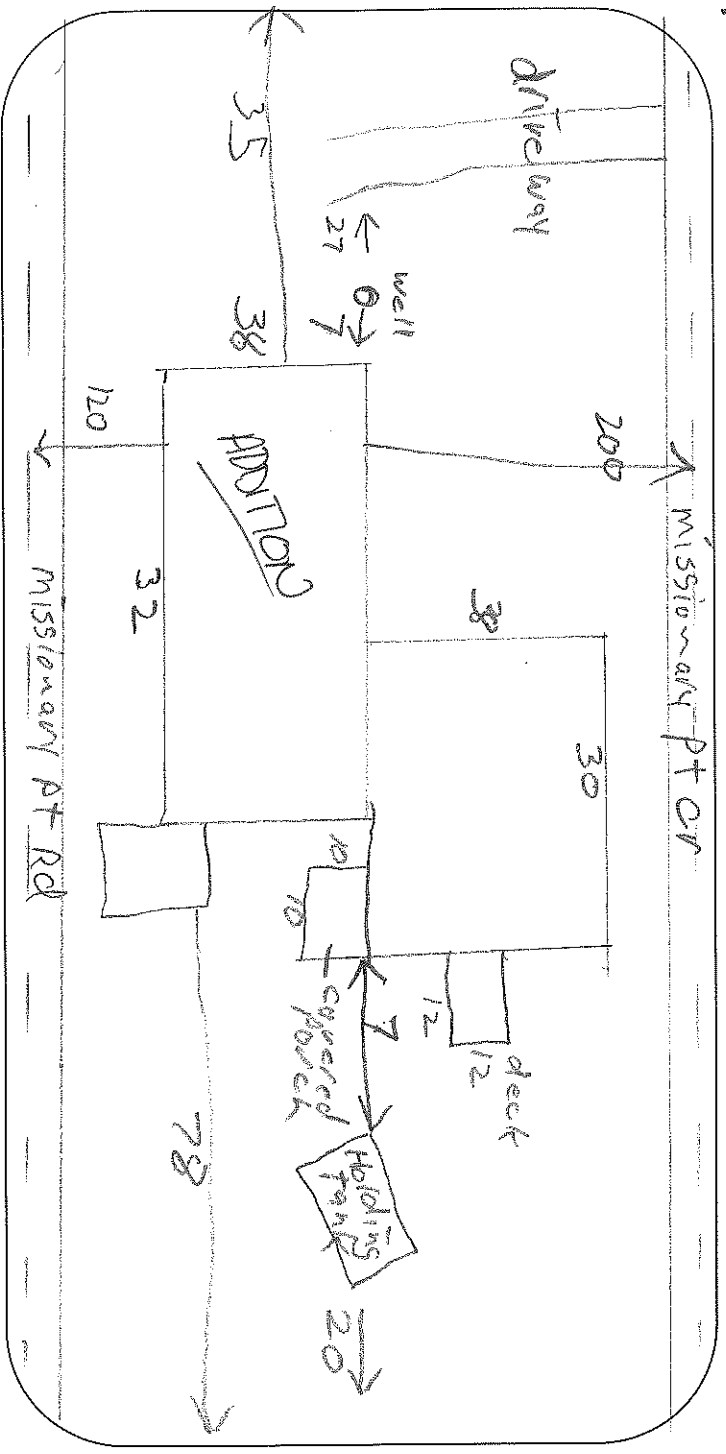
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:
- (2) Show / Indicate:
- (3) Show Location of (*):
- (4) Show:
- (5) Show:
- (6) Show any (*):
- (7) Show any (*):

- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

Add 2 bed room's
garage space & bathroom



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	120 + 200 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	60 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	35 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	27 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>104127</u>	# of bedrooms: _____	Sanitary Date: <u>9-9-02</u>		
Permit Denied (Date): _____	Reason for Denial: _____					
Permit #: <u>15-0443</u>	Permit Date: <u>1-13-15</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Continuous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District: <u>(R1)</u>				
Date of Inspection: <u>11-9-15</u>		Inspected by: <u>Ken Wynn</u>		Date of Re-Inspection: _____		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)						
<u>Must get UDC</u>						
Signature of Inspector: <u>Pat Beck</u>		Date of Approval: <u>11-13-15</u>				
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
OCT 16 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0445
Date: 11-13-15
Amount Paid: \$2493
Refund: 11-13-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: REBECCA M MUEKE	Mailing Address: 44905 Chicago Ave Cable WI 54821	City/State/Zip: Cable WI 54821	Telephone: 715-391-2159
Address of Property: 44905 Chicago Ave		City/State/Zip: Cable WI 54821	Cell Phone: 715-580-0197
Contractor: STEVE OBERHOLZER	Contractor Phone: 715-558-4969	Plumber: —	Plumber Phone: —
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: 1/4, 1/4		PIN: (23 digits) 04-034-2-43-06-034 152-3200	Recorded Document: (i.e. Property Ownership) Volume — Page(s) —
Gov't Lot — Lot(s) — CSM — Vol & Page — Lot(s) No. 4 Block(s) No. 8		Subdivision: Pka Gottland Resort	
Section 03 , Township 43 N, Range 06 W		Town of: Namakegon	
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: 50 feet	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: 50 feet	
<input type="checkbox"/> Non Shoreland		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$47,500	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> —	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: flushing tank	<input type="checkbox"/> —
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> —
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> —
<input type="checkbox"/> —	<input type="checkbox"/> Foundation	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> —
<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> None	<input type="checkbox"/> —

Existing Structure: (if permit being applied for is relevant to it)	Length: 50'	Width: 40' 6"	Height: 21' 4"
Proposed Construction:	Length: 50'	Width: 40' 6"	Height: 21' 4"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X)	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date) —	(<input type="checkbox"/> X)	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Addition/Alteration (specify) New 2nd larger loft like Steep	(<input type="checkbox"/> X)	715
	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify) —	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) —	(<input type="checkbox"/> X)	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) —	(<input type="checkbox"/> X)	
NOV 13 2015	<input type="checkbox"/>	Conditional Use: (explain) —	(<input type="checkbox"/> X)	
	<input type="checkbox"/>	Other: (explain) —	(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Rebecca Mueke** Date **10-8-15**

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **—** Date **—**

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

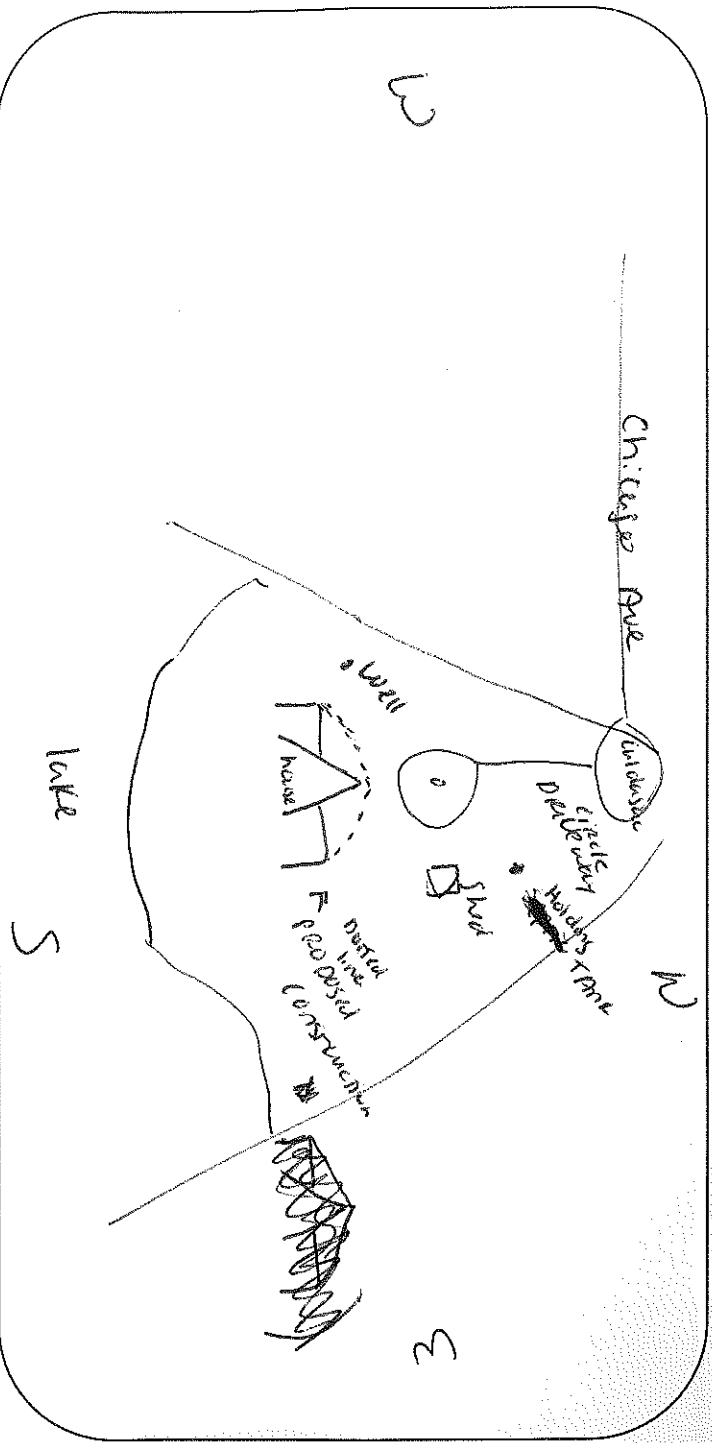
Address to send permit **44905 Chicago Ave Cable WI 54821**

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	146 Feet	Setback from the Lake (ordinary high-water mark)	72 Feet
Setback from the Established Right-of-Way	136 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	32 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	42 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	36 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	6 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 486359	# of bedrooms:	Sanitary Date: 27-2006		
Permit Denied (Date):		Reason for Denial:				
Permit #: 15-0445		Permit Date: 1-13-15				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Site & Existing home		Zoning District (B1) Lakes Classification (1)				
Date of Inspection: 10-27-15		Inspected by: [Signature]		Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
Must get ADC must comply with Storm water affidavit.						
Signature of Inspector: [Signature]		Date of Approval: 1/13/15				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date stamp received
NOV 12 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0446 ENTERED
Date: 11-13-15
Amount Paid: \$75
Refund: 11-13-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Lane Bohler & Susan Krongard	Mailing Address: PO Box 157	City/State/Zip: Cable, WI 54821	Telephone: 715-794-2301
Address of Property: 23905 Blue Gill Bay Road	City/State/Zip: Cable, WI 54821	Cell Phone: 715-580-0450	
Contractor: -	Contractor Phone: -	Plumber: -	Plumber Phone: -
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: -	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-034-2-43-06-01-300000-20000	Recorded Document: (i.e. Property Ownership) Volume 8 Page(s) 121
Gov't Lot: 1	Lot(s): 1330	Vol & Page: 8, 121	Block(s) No. Subdivision:
Section 01, Township 43 N, Range 06 W	Town of: Namanagon	Lot Size:	Acres: 4.83
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Distance Structure is from Shoreline: 280 feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 25,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> Pole Shed	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SR <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SR <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: SR <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 54	Width: 40	Height: 20
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	
<input type="checkbox"/> with Loft		()	
<input type="checkbox"/> with a Porch		()	
<input type="checkbox"/> with a Deck		()	
<input type="checkbox"/> with (2 nd) Deck		()	
<input type="checkbox"/> with Attached Garage		()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		()	
<input type="checkbox"/> Mobile Home (manufactured date)		()	
<input type="checkbox"/> Addition/Alteration (specify)		()	
<input checked="" type="checkbox"/> Accessory Building (specify) Pole Building		(54 x 40)	2160
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		()	
<input type="checkbox"/> Special Use: (explain)		()	
<input type="checkbox"/> Conditional Use: (explain)		()	
<input type="checkbox"/> Other: (explain)		()	
Rec'd for Issuance			
NOV 13 2015			
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Susan Krongard & Lane Bohler Date 11/12/15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

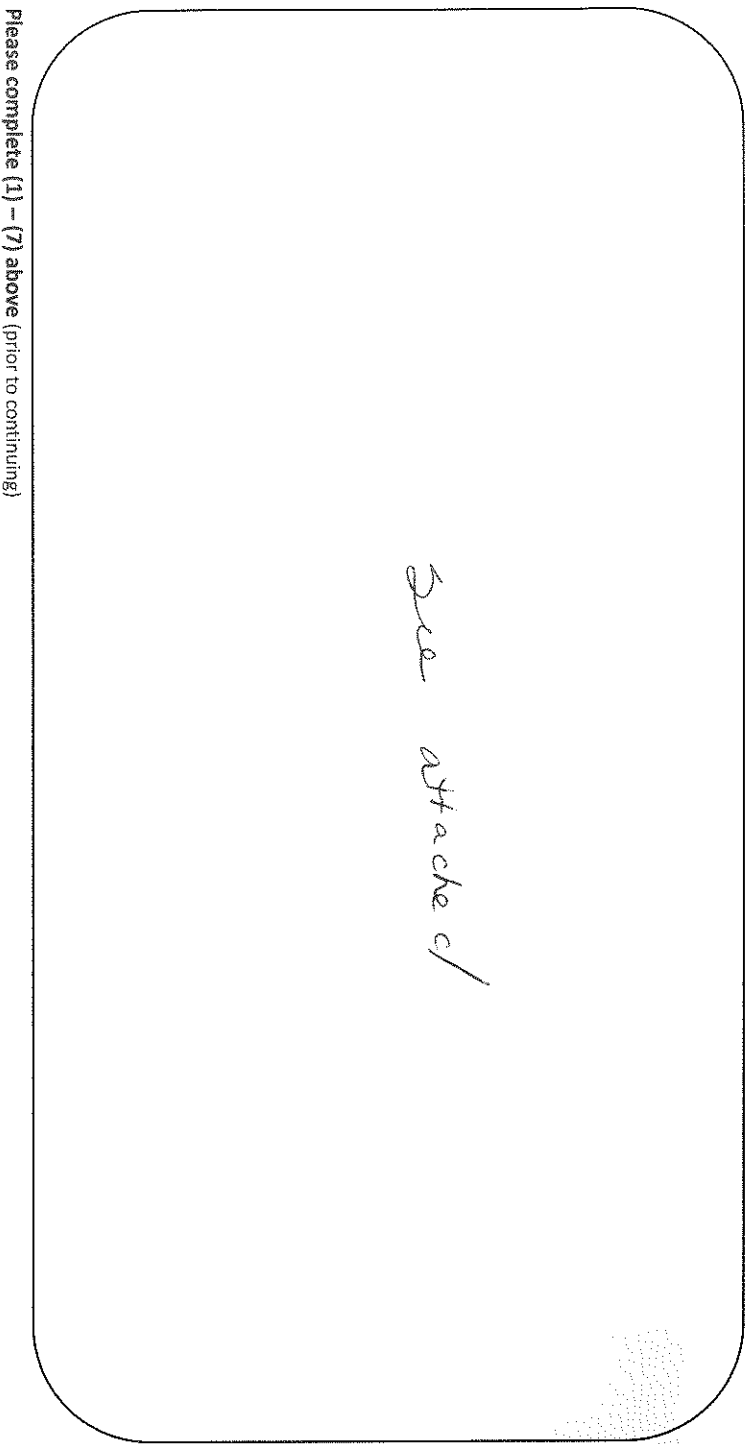
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 157, Cable, WI 54821
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	666 Feet	Setback from the Lake (ordinary high-water mark)	2800 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	33 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	800 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	175 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	130 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	265 Feet	Setback to Well	235 Feet
Setback to Drain Field	155 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 15-0446		Permit Date: 11-13-15				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously/Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Case #:	Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Bldg site marked						
Date of Inspection: 11-12-15	Inspected by: [Signature]	Zoning District (P3)				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)		Date of Re-Inspection:				
Not for human habitation.						
No hds under pressure.						
Signature of Inspector: [Signature]		Date of Approval: 11-13-15				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

Bayfield County, WI



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